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TITLE NAME STREET ADDRESS CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	!					T ADDRESS -08/	06/960115	7033
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CITY -ST -ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida States I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		i			62 NAME			Unange [Addition
14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	1	ł						-/-
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SIGNATURE: Kevin Moriarty Kevin Moriarty 6-28-91 407-852-180) SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Daytime Phone &	STREET ADDRESS CITY - ST - ZIP 14. I do hereby ce certify that the	e information indicated on this a	annual report or supple	mental ennuel r	64 CITY - and does not port is true and	ST - ZIP qualify for the exemption accurate and that my sign	nature shall have the s	7(3)(k), Fiorida Sjatetes i further ame legal effect as if made under
SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER ON DIRECTOR Data Daytime Phone #	STREET ADDRESS CITY - ST - ZIP 14. I do hereby ce certify that the oath, that I am appears in Blo	e information indicated on this a n an officer or director of the cor ock 12 or Black 13 if changed, o	annual report or supple rporation or the receive	mental annual r er or trustee empo	64 CITY - and does not port is true and	ST - ZIP qualify for the exemption accurate and that my sign	nature shall have the s	7(3)(k), Fiorida Sjatetes i further ame legal effect as if made under
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